



Player & Parent Information

Player Name: _____ Date: _____

Player D.O.B: ____/____/____ Grade: _____ Age: _____

Does student have BCS warm -up? _____. Size needed: _____

Medication/Medical concerns:

Parent/Guardian name(s): _____

Parent Email Address(es): _____

Home / Cell Number(s): _____

Home Mailing Address:

Office Use: (All forms need to be in before the student can practice.)

Code of Conduct	Yes	No
Completed Physical	Yes	No
Waiver Release	Yes	No
Copy of Insurance Card	Yes	No
Transportation Permission	Yes	No